									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10/7/8503						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	<u>ш</u> т√	OR	OTHER SMALL		
TOTAL CLAIMS			R		•			RATE FEE]	RATE	FEE		
FOR			NUMBER FILED .		NUMBER EXTRA		I	BASIC F	EE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			7 mi	nus 20=	•			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 = *			6	X43				OR	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT				Ì	+145=		OR	+290=			
- 11	the difference	in column 1 is	ess than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	770		
6 /6 /CLAIMS AS AMENDED - PART II									L			OTHER	THAN	
	(Column 2) (Column 3)							SMAL	LE	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	•	NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- TIONAL EEE		RATE	ADDI- TIONAL FEE	
	Total	.20	Minus	• 0	70	=		X\$ 9=	1		OR	X\$18=		
	Independent	. 5	Minus	***	3	=	ŕ	X43=	寸		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DE			PENDENT CLAIM		Ī	+145=			OR	+290=			
	•						L	TOTA	┰┼			TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FE	E L		JO. 1	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		5		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	999		e .		X43=	1		OR	X86=		
Ш	FIRST PRESE	NTATION OF MU	ENDENT	CLAIM			+145=	1		OR	+290=			
							L	TOTA	+			TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	Al	DDIT. FE	E L		J.,	ADDIT. FEE		
ပ	`	CLAIMS		HIGHE	ST		Г			ADDI-	ſ		ADDI-	
MENDMENT		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	T	IONAL FEE		RATE	TIONAL	
	Total		Minus	**				X\$ 9=	1		OR	X\$18=		
	Independent		Minus	***				X43=	T		OR	X86=		
		NTATION OF MU					-	+145=	†		OR	+290=		
t	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								#	•	OR ,	TOTAL ODIT, FEE	Ð	
	I the "Highest Nur	mber Previously Pa ber Previously Paid	id For IN THI	S SPACE is	less that	n 3, enter "3."		OIT. FEE d in the a		priate box				